ILLINOIS SCOTTISH TERRIER RESCUE

Questionnaire

Please complete and return with your application for adoption.

Why are you interested in adopting a rescued Scottie?			
Are you willing to take any Scottie who needs a home? Yes No If not, what will you not accept?			
Are you willing to accept two Scotties who cannot be separated? Yes No			
Are you willing to accept an older or special needs Scottie? Yes No			
Will you consider a Scottie mix? Yes No			
Preferred gender Male Female			
Have you owned a Scottie previously or are a current owner of one? Yes No			
Please list other animals you currently own			
Have you ever had a "problem dog"? Yes No If yes, please describe the problem and how you handled it.			
Have you ever had to get rid of a dog you could not keep or did not want? Yes No If yes, please describe circumstances			
Do you currently own other pets? If so, please list			
Do you own your home? Rent?			
Do you have a securely fenced yard? Yes No (Underground, invisible fencing is not considered secure)			
Do you have a swimming pool or pond on your property? Yes No			
Applicant's age: Children? Please list ages			
Number of adults in home			

Are all members of the family supportive of the decision to adopt?			
Where will dog stay (days)during day		how many hours alone	
Veterinarian name, address and phonumber			
Personal references: please give two	. (Names, addresses, pl	hone numbers)	
Please feel free to add additional not adoption of a Scottish Terrier.	es on anything you woul	ld like to share concerning the possible	
By submitting this application I affirm household members are in support o commitment and financial obligations	f the decision to adopt a		
		arantee that I will be offered a Scottie to Scottie becomes available for adoption that	
I understand and agree that I will be I am at least 21 years of age and have			
Name:			
Address:			
Telephone:	e-mail		
Date:			

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